State of California—Health and Human Services Agency

Department of Health Services

Funding Alert

SANDRA SHEWRY
Director

ARNOLD SCHWARZENEGGER
Governor

California Department of Health Services

December 30, 2004

Department of Health Services, Tobacco Control Section (DHS/TCS)
Local Tobacco Control Interventions
Request for Applications (RFA) TCS 05-101

DHS/TCS announces a tentative release date of **February 11, 2005**, for RFA TCS 05-101, Local Tobacco Control Interventions. The purpose of this RFA is to fund multiple local tobacco control projects that address one or more of the following: 1) smoke-free areas; 2) point-of-sale retail environment; 3) exposing and countering tobacco industry sponsorship, marketing, and promotional activities; 4) general tobacco control advocacy; and 5) populations where limited success has been achieved, such as 18- to 29-year-olds and adult white males.

Approximately $7 million is estimated to be available for this RFA. Award amounts are contingent upon the use of multi-year spending authority and available revenues in the Governor's fiscal year (FY) 2005-06 budget and subsequent FYs. The contract period begins July 1, 2005 and ends June 30, 2008, for a project period of 36 months. **The anticipated proposal due date is March 18, 2005**.

To receive a copy of the RFA via mail, please complete the form below and mail, fax, or e-mail the following information **no later than January 31, 2005** to:

Marjorie Rogers
TOBACCO CONTROL SECTION
CALIFORNIA DEPARTMENT OF HEALTH SERVICES
P.O. Box 997413, MS 7206
Sacramento, CA 95899-7413
FAX: (916) 449-5505 or (916) 449-5517
e-mail: mrogers1@dhs.ca.gov

A copy of the RFA will be on the DHS website at: www.dhs.ca.gov/tobacco after the release date.

The RFA information meeting is scheduled for:

Monday, February 28, 2005
1:30 p.m. – 3:30 p.m.
Building 172, Rooms B and C
1500 Capitol Avenue
Sacramento, CA 95814

NOTE: All attendees must check in at the guard station in the lobby at 1500 Capitol Avenue.

PLEASE PRINT CLEARLY – Request for Application TCS-05-101

Agency Name: _____

Street Address: _____

City/State/Zip: _____

Attention: _____   Phone: _____

Fax: _____   e-mail: _____